

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1009785  
APPLICANT(S)

FILING DATE

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
		IND.	DEP.	IND.	DEP.	IND.	DEP.						
1		/		/									
2			/		/								
3		/		/									
4			/		/								
5			2		1								
6			2		1								
7			2		1								
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TOTAL IND.		2		2									
TOTAL DEP.		15		15									
TOTAL CLAIMS		17		17									
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TOTAL DEP.													
TOTAL CLAIMS													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS